

Action Plan

This Action Plan has been completed by the Provider and the Authority has not made any amendments to the returned Action Plan.

Provider's response to Inspection Report No:	754
Name of Service Area:	Fostering First Ireland
Date of inspection:	13 - 16 June 2016 21 - 22 June 2016
Date of response:	27 September 2016

These requirements set out the actions that should be taken to meet the identified child care regulations and *National Standards for Foster Care*.

Theme 1: Child Centred Services

Standard 3

Requires improvement

The provider is failing to meet the National Standards in the following respect:

There was little evidence on the children's files that the processes in place in the service ensured children were made aware of their rights.

Consultation with children was underdeveloped.

The level of meaningful engagement between link workers and children required improvement to ensure the service could respond to children needs.

Action required:

Under **Standard 3** you are required to ensure that:

Children and young people are treated with dignity, their privacy is respected, they make choices based on information provided to them in an age-appropriate manner, and have their views, including complaints, heard when decisions are made which affect them or the care they receive.

Please state the actions you have taken or are planning to take:

1. FFI will evidence on the child's record that Link Social Workers have informed children of their rights and specifically on how to make a complaint.
2. Link Social Workers will record the content of all relevant conversations with children specifically on the child's file.
3. FFI will develop a training module on the role of the link worker and their engagement with children.
4. FFI's Children's Officer is developing a consultation strategy to provide a more meaningful participation with children to get input on their views and wishes.
5. Training will be provided to Link Social Work staff and all staff members who have contact with children to ensure that the recording of contact with children is improved.

Proposed timescale:

1. December 2016
2. September 2016
3. December 2016
4. March 2017
5. December 2016

Person responsible:

1. PSW 1 & SW Team Managers
2. PSW 1 & SW Team Managers
3. PSW 1 & Children's Officer
4. PSW 2 & Children's Officer
5. PSW 1

Standard 25

Requires improvement

The provider is failing to meet the National Standards in the following respect:

Not all children were aware of how to make a complaint.

It was not clear to some children, staff and inspectors who the designated person for investigating complaints was.

The systems in place to manage complaints were poor; there was no centralised complaints log to track progress and record outcomes, and the oversight of complaints was poor.

Action required:

Under **Standard 25** you are required to ensure that:

Health Boards have policies and procedures designed to ensure that children and young people, their families, foster carers and others with a bona fide interest in their welfare can make effective representations, including complaints, about any aspect of the fostering service, whether provided directly by a health board or by a non-statutory agency.

Please state the actions you have taken or are planning to take:

1. FFI will provide additional training to all staff on how children can make complaints.
2. FFI will ensure that Link Social Workers will meet specifically with children within 2 weeks post placement to discuss the complaints process and to go through the FFI complaints booklet.
3. FFI will include contact recordings with children as part of the monthly file audit process.
4. FFI will update our Complaints & Representation Policy to ensure it identifies who is the designated person for investigating complaints and for the oversight of complaints.
5. FFI will develop a centralised complaints log which will track complaints and actions. Outcomes will be recorded and feedback to complainants included.
6. The complaints log will be reviewed quarterly by the senior management team for trend analysis.
7. The complaints log will be accessible to the Senior Management Team at all times.
8. Learning from review of complaints will be disseminated at staff forums.

Proposed timescale:

1. December 2016
2. December 2016
3. September 2016
4. October 2016
5. September 2016
6. December 2016 & ongoing
7. September 2016
8. January 2017

Person responsible:

1. PSW 1
2. PSW 1 & SW Team Managers
3. SW Team Managers
4. QA Manager
5. Senior Management Team
6. Senior Management Team
7. PSW 1
8. PSW 1

Theme 2: Safe and Effective Services

Standard 8

Requires improvement

The provider is failing to meet the National Standards in the following respect:

Inspectors were not assured that quality information on foster carers capacity to meet a child's specific needs could be extracted easily on their systems to inform the matching process.

Matching was not always based on a written assessment of the children's needs and their care plans.

Action required:

Under **Standard 8** you are required to ensure that:

Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of children or young people.

Please state the actions you have taken or are planning to take:

1. FFI will ensure that carer profiles are updated regularly to capture foster carers capacity, skills and experience.
2. FFI's referral form has been updated to capture more comprehensive information on children's needs and a request for any relevant professional reports to inform matching.
3. The system for matching children will be updated and evidence of the children's needs will be more clearly categorised to inform matching.
4. FFI will improve recording of the matching process to ensure that it accurately reflects how children's needs will be met.
5. Training will be provided for all relevant staff on the updated matching process.
6. FFI will request a placement meeting or teleconference with relevant Tusla team to look at carers capacity, child's needs prior to the match being made.
7. The Placement team will ensure prospective carers receive all available information on the child. This will be evidenced on the carer file and will be audited to ensure compliance.

Proposed timescale:

1. September 2016
2. August 2016
3. September 2016
4. September 2016
5. September 2016
6. September 2016
7. September 2016

Person responsible:

1. Placement Team & LSWs
2. Completed
3. PSW 1 & Business Support Manager
4. Placement Team & LSWs
5. PSW 1 & Business Support Manager
6. LSWs
7. Business Support Manager

Standard 10

Requires improvement

The provider is failing to meet the National Standards in the following respect:

Some children were placed with foster carers outside of their approval status and the foster care committee had not approved all departures from their approval status.

Foster carers were not consistently given all information on the child prior to a placement being made.

The agency did not provide a specific and accredited training on Children First: National Guidance on the Protection and Welfare of Children (2011) to staff and foster carers.

The oversight of allegations was not robust; records maintained in relation to allegations against foster carers were fragmented and the outcome of allegations were not clearly recorded on foster carer files.

The foster carer handbook had information on whistleblowing that was not up-to-date as it did not include more specific information on the Protected Disclosure 2014 legislation.

Action required:

Under **Standard 10** you are required to ensure that:

Children and young people in foster care are protected from abuse and neglect.

Please state the actions you have taken or are planning to take:

1. FFI will apply to all relevant Foster Care Committees for a variation in approval for children currently in placement with carers outside their approval status.
2. FFI will ensure that no children are placed with carers outside their approval status.
3. The Placement team will ensure prospective carers receive all available information on the child. This will be evidenced on the carer file and will be audited to ensure compliance.
4. FFI have scheduled Children First Training for staff in October 2016.
5. Children First Training for foster carers will be included in the yearly training schedule for carers.
6. FFI will ensure that all staff and foster carers complete a Children First eLearning Module when available from the Child and Family Agency
7. A central allegations log to include outcomes will be established and will be accessible by senior management staff.
8. The senior management team will review the allegations log quarterly.
9. FFI will ensure that all outcomes of allegations are recorded on the foster carers file.
10. The outcome of allegations is being updated on the electronic system and will be completed by the end September 2016.
11. The foster carer handbook will be updated to include information on the Protected

Disclosure Act 2014 and the Children First Act 2015.

Proposed timescale:

- 1. September 2016**
- 2. September 2016**
- 2. September 2016**
- 4. October 2016**
- 5. Ongoing for 2017**
- 6. As soon as available**
- 7. September 2016**
- 8. December 2016 & ongoing**
- 9. September 2016**
- 10. September 2016**
- 11. December 2016**

Person responsible:

- 1. PSW 2**
- 2. PSW 2**
- 2. Business Support Manager**
- 3. PSW 1**
- 4. PSW 1**
- 5. Senior Management Team**
- 6. Senior Management Team**
- 7. Senior Management Team**
- 8. PSW 1**
- 9. QA Manager**
- 10. QA Manager**

Theme 3: Health and Development

Standard 11

Requires improvement

The provider is failing to meet the National Standards in the following respect:

The agency did not consistently record comprehensive medical records for children.

Medical consent was not always present on all children's files.

The foster carer handbook did not provide guidance to foster carers on management of medicines nor was training provided.

Action required:

Under **Standard 11** you are required to ensure that:

The health and developmental needs of children and young people in foster care are assessed and met. They are given information, guidance and support to make appropriate choices in relation to their health and development.

Please state the actions you have taken or are planning to take:

1. Link social workers will monitor the Health Passport more robustly in carer supervision meetings. This will be included on the monthly team manager audit sheets.
2. FFI will request all outstanding medical consent and ensure they are recorded on each child's file.
3. The foster carer handbook will be updated to include information on the safe management of medication.
4. FFI will provide training to foster carers on the safe administration of medication and on the health passport. This will be incorporated into carer First Aid Training from 2017.
5. An enhancement for recording medication will be included on the child's file.

Proposed timescale:

1. September 2016
2. September 2016
3. December 2016
4. ongoing 2017
5. January 2017

Person responsible:

1. SW Team Managers
2. SW Team Managers
3. QA Manager
4. PSW 1
5. Systems Manager Core Assets

Theme 4: Leadership, Governance and Management

Standard 19

Requires improvement

The provider is failing to meet the National Standards in the following respect:

The management and quality assurance systems required improvement in relation to the oversight of allegations and/or complaints.

Systems for the identification and management of risk were underdeveloped.

Action required:

Under **Standard 19** you are required to ensure that:
Health boards have effective structures in place for the management and monitoring of foster care services.

Please state the actions you have taken or are planning to take:

1. FFI will update our Complaints & Representation Policy.
2. FFI will develop a centralised complaints log which will track complaints and actions. Outcomes will be recorded and feedback to complainant included.
3. The complaints log will be reviewed quarterly by the senior management team for trend analysis.
4. Learning from review of complaints will be disseminated at staff forums.
5. The complaints log will be accessible to the Senior Management Team at all times.
6. A central allegations log to include outcomes will be established and will be accessible by senior management staff.
7. The senior management team will review the allegations log quarterly.
8. FFI will ensure that all outcomes of allegations are recorded on the foster carers file.
9. The outcome of allegations is being updated on the electronic system and will be completed by the 24th September 2016.
10. FFI will develop a local Risk Management Policy to include the identification and level of risk using a standardised framework.
11. A risk register will be established as part of the risk management policy.
12. The risk register will be reviewed quarterly by the senior management team.

Proposed timescale:

1. October 2016
2. September 2016
3. December 2016 & ongoing
4. January 2017
5. September 2016
6. September 2016
7. December 2016 & ongoing
8. September 2016

Person responsible:

1. QA Manager
2. Senior Management Team
3. Senior Management Team
4. PSW 1
5. PSW 1
6. Senior Management Team
7. Senior Management Team
8. PSW 1 & SW Team Managers

9. September 2016
10. December 2016
11. December 2016
12. December 2016

9. QA Manager
10. QA Manager
11. FFI Director
12. Senior Management Team

Theme 6: Workforce

Standard 20

Requires improvement

The provider is failing to meet the National Standards in the following respect:

The agency was not able to provide evidence of retrospective police checks for two full time members of staff, who had previously lived in other countries.

One of the contracted workers, who had been working with children, did not have Garda Síochána vetting

The system to verify that checks on all of the 30 contract workers employed by Fostering First Ireland required improvement to ensure that it was sufficiently rigorous.

Action required:

Under **Standard 20** you are required to ensure that:
Health boards ensure that the staff employed to work with children and young people, their families and foster carers are professionally qualified and suitably trained.

Please state the actions you have taken or are planning to take:

1. FFI has applied for the outstanding police clearance for the staff member still employed with the agency. This will be added to the HR file when received. Garda vetting has been completed for the other contracted worker.
2. FFI will review the system for the employment of contract staff.
3. FFI will ensure that the checklist for documents required for contract staff's file is being completed.
4. Contract staff files will be monitored on a quarterly basis to ensure that all line managers with responsibility for contract staff are following the correct procedure and that all required documents are on file.

Proposed timescale:

1. August 2016
2. July 2016
3. September 2016
4. October 2016

Person responsible:

1. FFI Director
2. Completed
3. Senior Management Team
4. PSW 2